

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/367346

FILING DATE

APPLICANT(S)

B

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	42		2			
6	1		1			
7	1		1			
8	1		1			
9	42					
10	20		2			
11	20		2			
12	20		2			
13	20		2			
14	20		2			
15	20		2			
16	20		2			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	23	↓	29	↓		
TOTAL CLAIMS	25	31				

TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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